



DRAFT

Arkansas Payment Improvement Initiative

Developmental Disabilities
public update

May 16, 2012



Agenda for today's discussion

Agenda	Timing	Lead
▪ Introductions and opening remarks	3:00 – 3:05	▪ Dr. Charlie Green
▪ Overview of InterRAI DD tool and Q&A	3:05 – 4:15	▪ InterRAI / University of Michigan
▪ Discuss episode and health home design and timing	4:15 – 5:00	▪ Dr. Charlie Green ▪ Dr. William Golden ▪ Tim Ward

An Introduction to the interRAI ID System and Its Applications

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Arkansas Payment Improvement Initiative
DD Workgroup Update
May 16, 2012

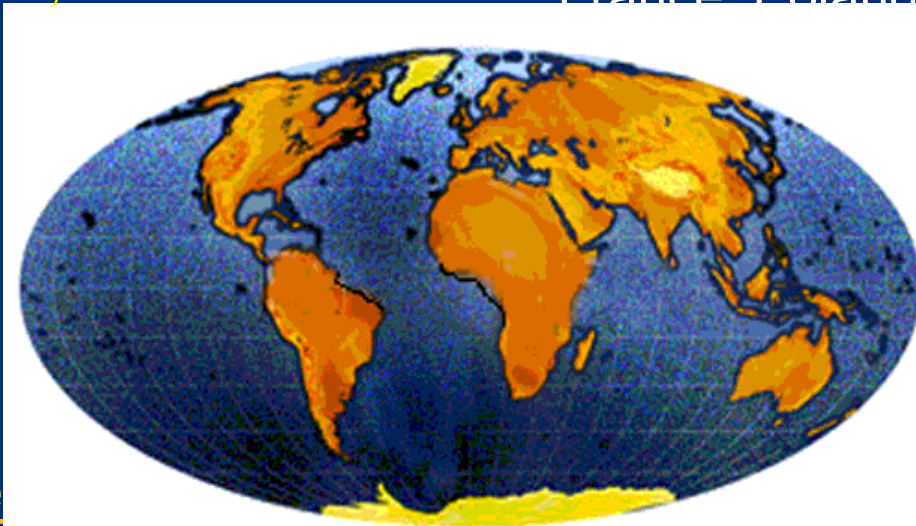
Who are We?

- International research consortium
- Non-profit corporation
- Goals:
 - Apply science (e.g., cross-national comparisons)
 - Develop assessment instruments
 - Support implementation around the world
- 65 members from 31 nations
- Hold copyright to interRAI assessment instruments
- Grant royalty-free licenses to governments/care providers
- License software vendors around the world
- www.interrai.org

interRAI Members and *Activities*

North America

Canada, USA,
Mexico, Belize, Cuba



South America

Brazil, Chile,
Peru

Europe

Iceland, Norway, Sweden, Denmark, Finland
Netherlands, Germany, UK, Switzerland,
France, Poland, Italy, Spain, Belgium,
Greece, Czech Republic,
Lithuania, *Austria,*
Portugal, Russia

Middle East/Asia

Israel, India, Lebanon

Pacific Rim

Japan, South Korea, Taiwan, China, Australia,
Hong Kong, New Zealand, Singapore

Why are interRAI Assessment Different?

- Assessment, not only self-report
 - use all possible sources of information
- Full definitions, time delimiters, examples, exclusions
- Cover all relevant domains
 - individuals' strengths and weaknesses
 - tradeoff of breadth and length
- Training manuals

Sample Core Item From interRAI Instruments

4. VISION

Ability to see in adequate light (with glasses or with other visual appliance used)

0. **Adequate** – sees fine detail, including regular print in newspapers / books

1. **Minimal difficulty**—Sees large print, but not regular print in newspapers / books

2. **Moderate difficulty**—Limited vision; not able to see newspaper headlines, but can identify objects

3. **Severe difficulty**—Object identification in question, but eyes appear to follow objects; sees only light, colors, shapes

4. **No vision**

Why are interRAI Assessments Different?

- Developed by international panel of experts on assessment and health services research, along with subject matter experts for given tool
- Carefully tested psychometric properties
- Assessment drives decision-making at all levels, from clinical to policy
 - Collect data once, use many ways
- Compatible systems across health care sectors

interRAI “Suite”

- Wellness
- Community Health
- Home Care
- Assisted Living
- Nursing Home
- Post-acute Care
- Palliative Care
- Acute Care
- Inpatient Mental Health
 - Forensic supplement
- Correctional Facilities
- Community Mental Health
- Intellectual Disabilities
- Self-Reported Quality of Life

In Development:

- Pediatric Mental Health, Pediatric ID, etc.

Overview of Arkansas DD Instrument

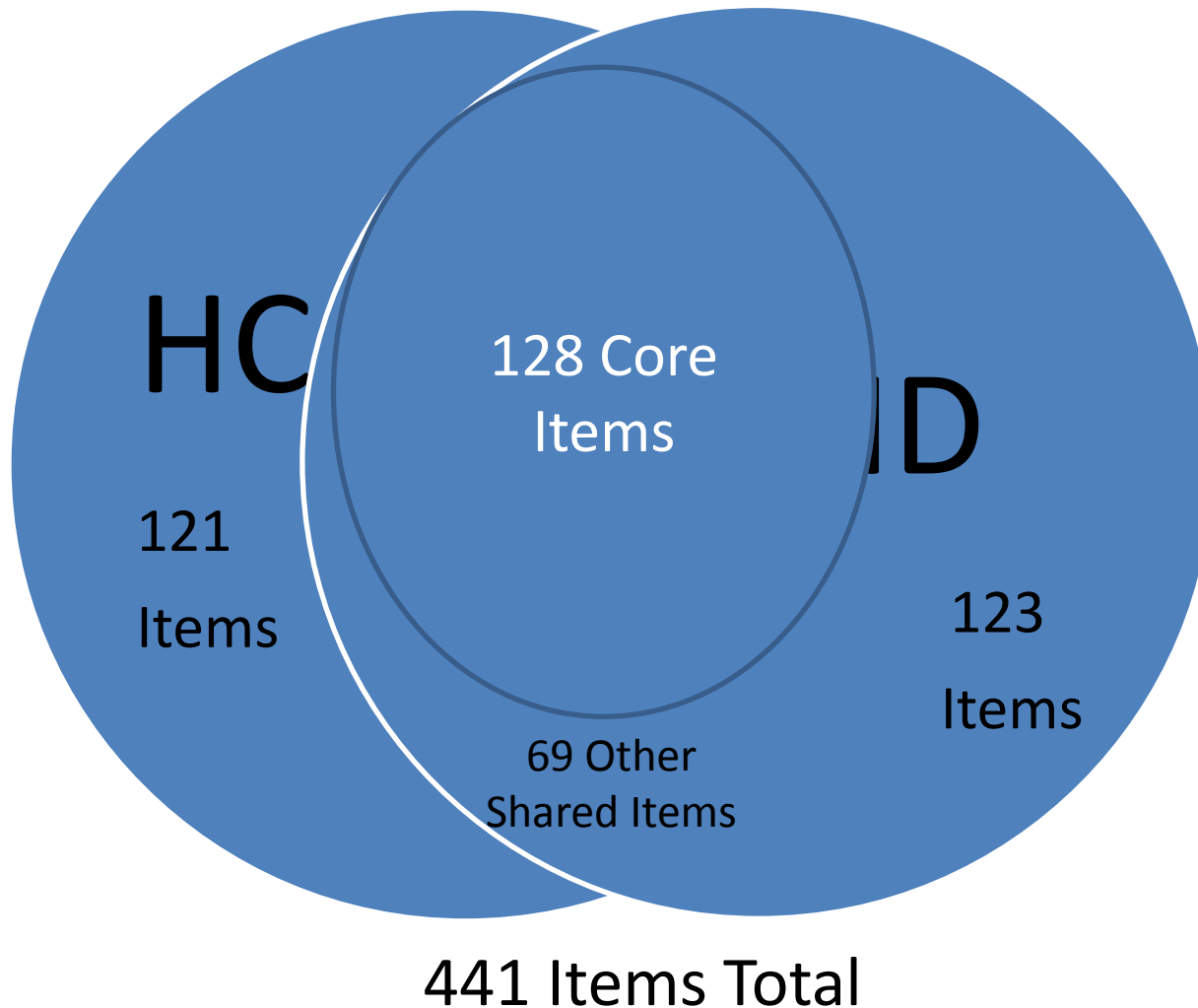
Design of Data Collection Form

- 16 “domains”
- Each domain has specific “items”
- “Items” ARE NOT “questions”
 - Items identify specific information to be gathered
 - Interview with person only one possible information source
 - Direct observations
 - Staff
 - Family/friends
 - Records

interRAI ID Domains

- | | |
|-------------------------------------|----------------------------|
| A. Identification | I. Health Conditions |
| B. Intake/Initial History | J. Everyday Activities |
| C. Community/Social Involvement | K. Oral/Nutritional Status |
| D. Strengths/Relationships/Supports | L. Mood/Behavior |
| E. Lifestyle | M. Medications |
| F. Environment | N. Supports and Services |
| G. Communication/Vision | O. Diagnostic Information |
| H. Cognition | P. Discharge Information |
| | Q. Assessment Information |

interRAI HC and interRAI ID



Applications of interRAI Data



What are CAPs?

- Collaborative Action Plans
- Help focus on key issues for person
- All interRAI instruments have CAPs
- “Triggered” by answers to specific items
- Provides guidance for caregivers to use in the care planning process
- NOT automated care planning!

ID CAPs

Abuse

Communication

Continence

Injurious Behavior

Meaningful Activities

Mental Illness

Social Relationships

Personal Health Summary

Name: John Doe Assessment Reference Date: March 14, 2008

Personal Information	
Age 90.5	BMI 26.5
Sex Male	Marital status Married

Health Profile	
Mental Health	
Cognitive Performance Scale (CPS) <small>0-6 range: Intact, Borderline, Mild, Moderate, Moderate/Severe, Severe, Very Severe</small>	5 out of 6 / Severe Impairment
Depression Rating Scale (DRS) <small>0-14 range: Score of 3 or greater suggests possible depression</small>	3 out of 14 / Possible Depression
Communication and Vision	
Making self understood	Often understood
Ability to understand others	Sometimes understands
Hearing	Moderate Difficulty
Vision	Adequate
Social Functioning, Social Support & Home Situation	
Concern with Caregiver Distress <small>0-3 range: Caregiver unable to continue, Caregiver distress, Caregiver overwhelmed</small>	3 out of 3 / Caregiver Distressed
Lives Alone	No
Home Environment Concerns <small>0-5 range: Home disrepair, Squalid conditions, Poor heating/cooling, Unsafe, Poor access</small>	3 out of 5 / Environmental Concerns Present
Physical Functioning	
ADL Self-performance Hierarchy <small>0-6 range: Early, middle & late loss ADLs: Hygiene, Toilet use, Locomotion and Eating</small>	4 out of 6 / Extensive Assistance Required
Transfer	Maximal assistance
Locomotion in home	Walking, no assistive device
IADL Assistance Needed 0-8 range <small>Meals, Housework, Money, Meds, Phone, Stairs, Shopping, Transportation</small>	8 out of 8 / IADL Dependence
Pain	
Pain Scale <small>0-4 range: No pain, Less than daily, Daily not severe, Daily Severe, Daily Excruciating</small>	2 out of 5 / Daily Pain But Not Severe
Continence	
Bladder Continence	Incontinent
Bowel Continence	Infrequently incontinent
Fall Risk	
Falls	Two or more falls in last 30 days
Symptom Review: unsteady gait, hallucinations, diarrhea, difficulty falling asleep	
Medications: Restoril 15mg PO Bedtime, Tolbutamide 500mg PO TID, Hydrodiuril 25mg PO Daily	
Disease Diagnoses: Alzheimer's, COPD, CHF, Anxiety, Diabetes Mellitus	

Case Mix

- Relative measure of cost of caring for an individual person
- Accumulated to any group of persons
- Can be the basis for payment or allocation

Basic Approach to CM Payment

Assessment of person

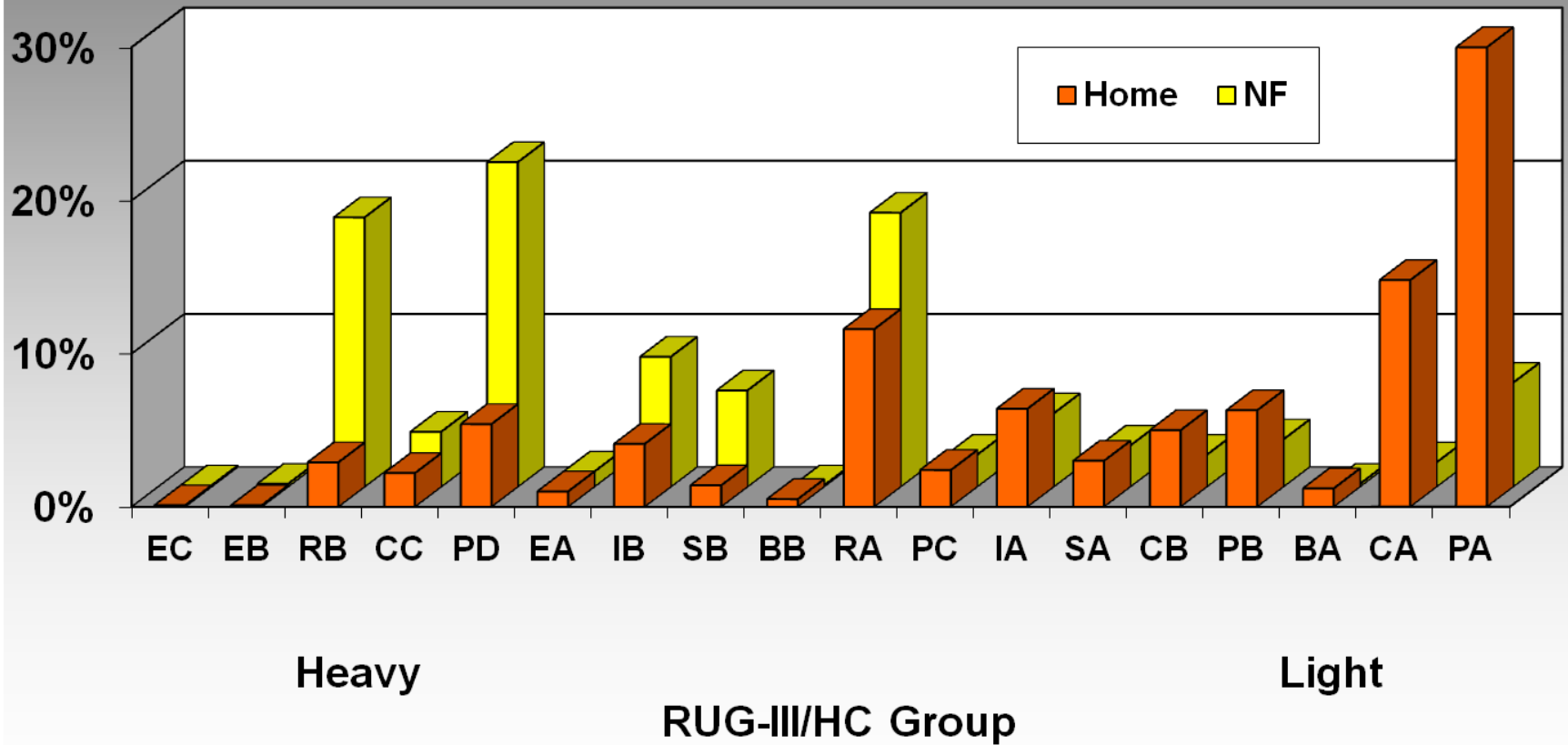
→ case-mix measure

→ payment determination

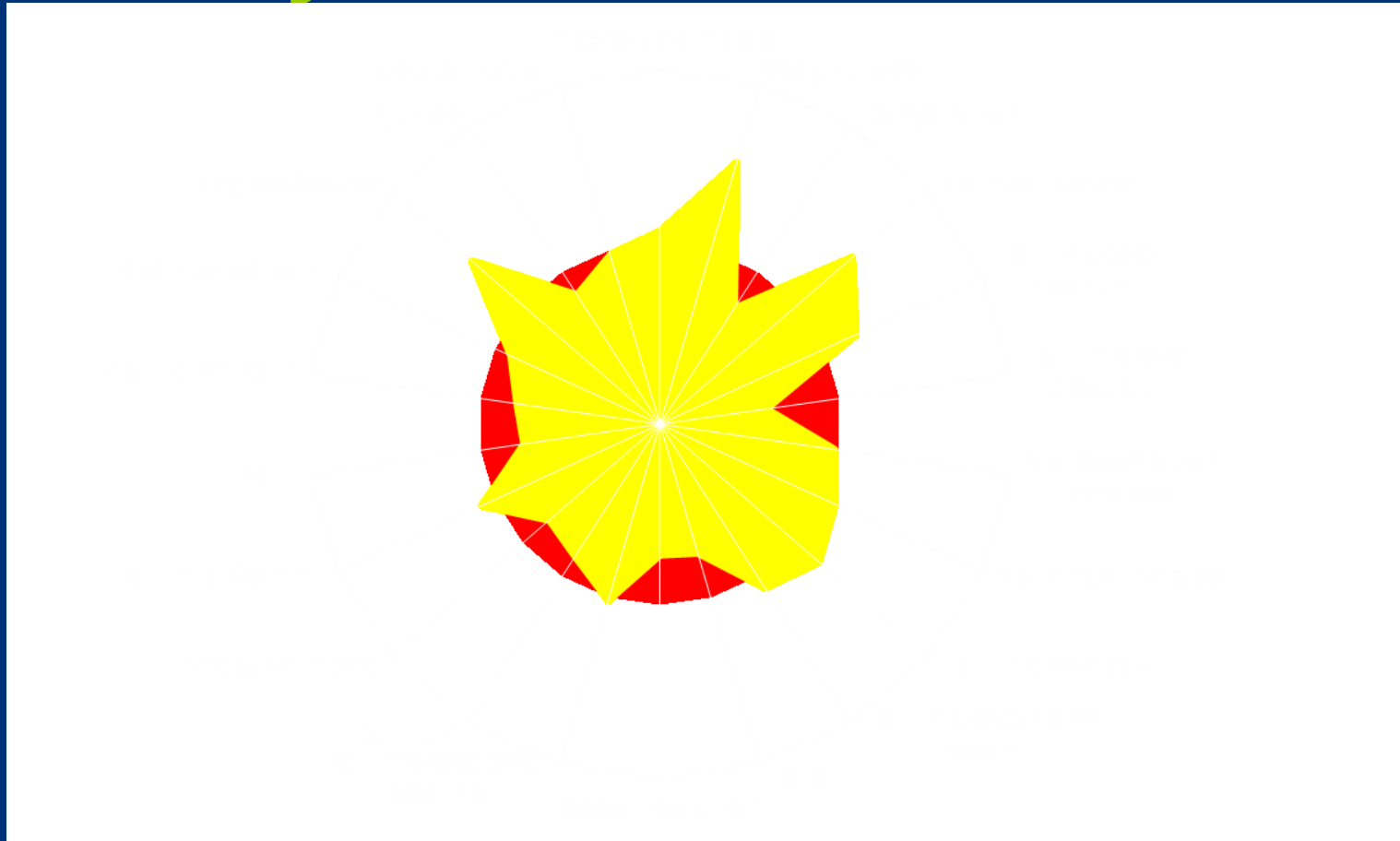
Separate case mix and payment

- Case mix is scientific; payment is political
- Case mix only addresses costs that vary
- Case mix is more than just payment

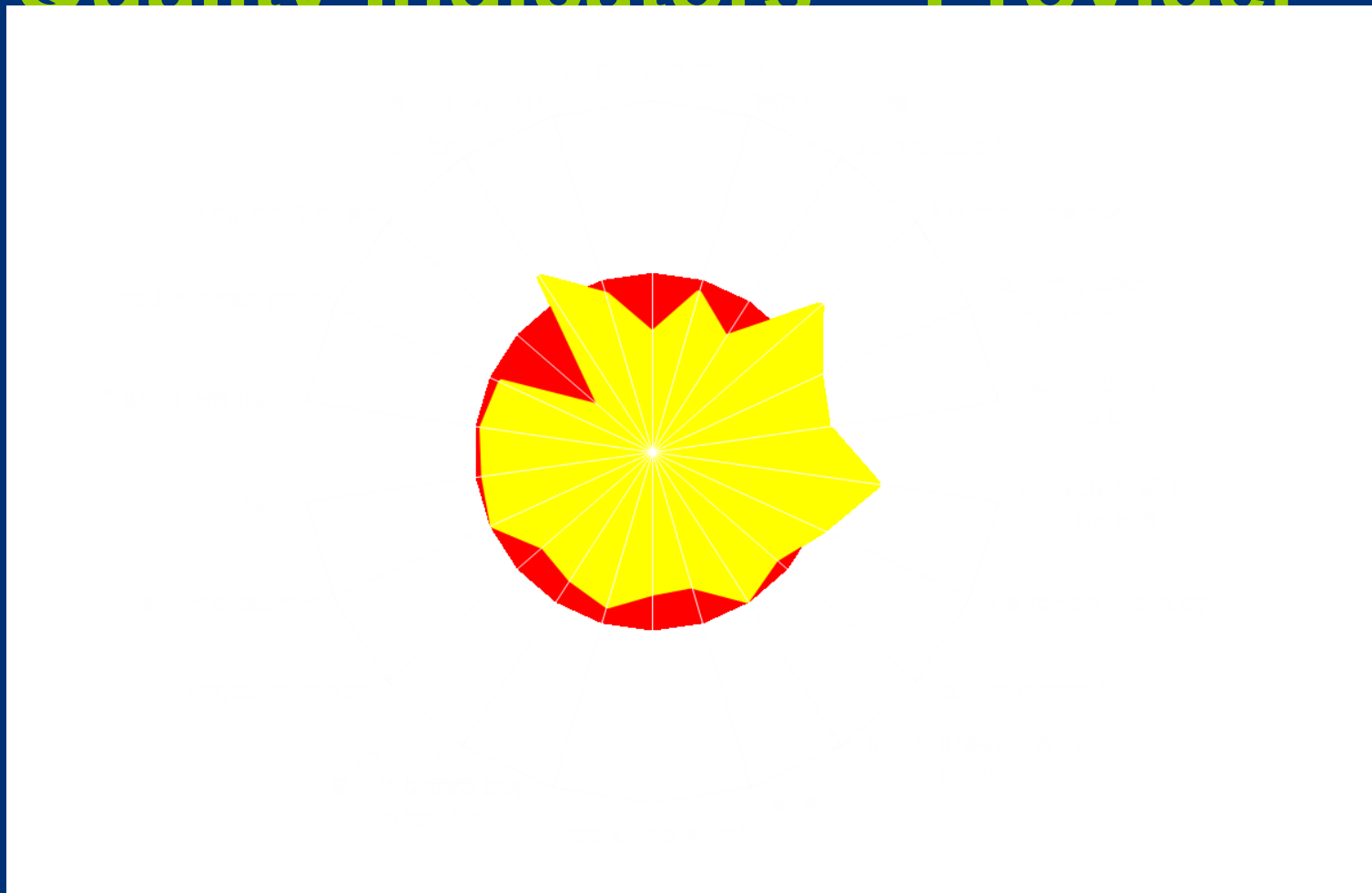
Comparing Persons Served in Two Michigan Settings



HC Quality Indicators – Provider “A”



HC Quality Indicators – Provider “B”



Examples of Screeners from Other Instruments

- Risk of medical fragility and mortality
- Risk of caregiver burn-out
- Risk of pressure ulcers

Good data drives good policy at all levels

Multiple Uses of Data

- Efficient – collect once, use many
- Focus attention on proper assessment
- Offsetting incentives encourage accuracy

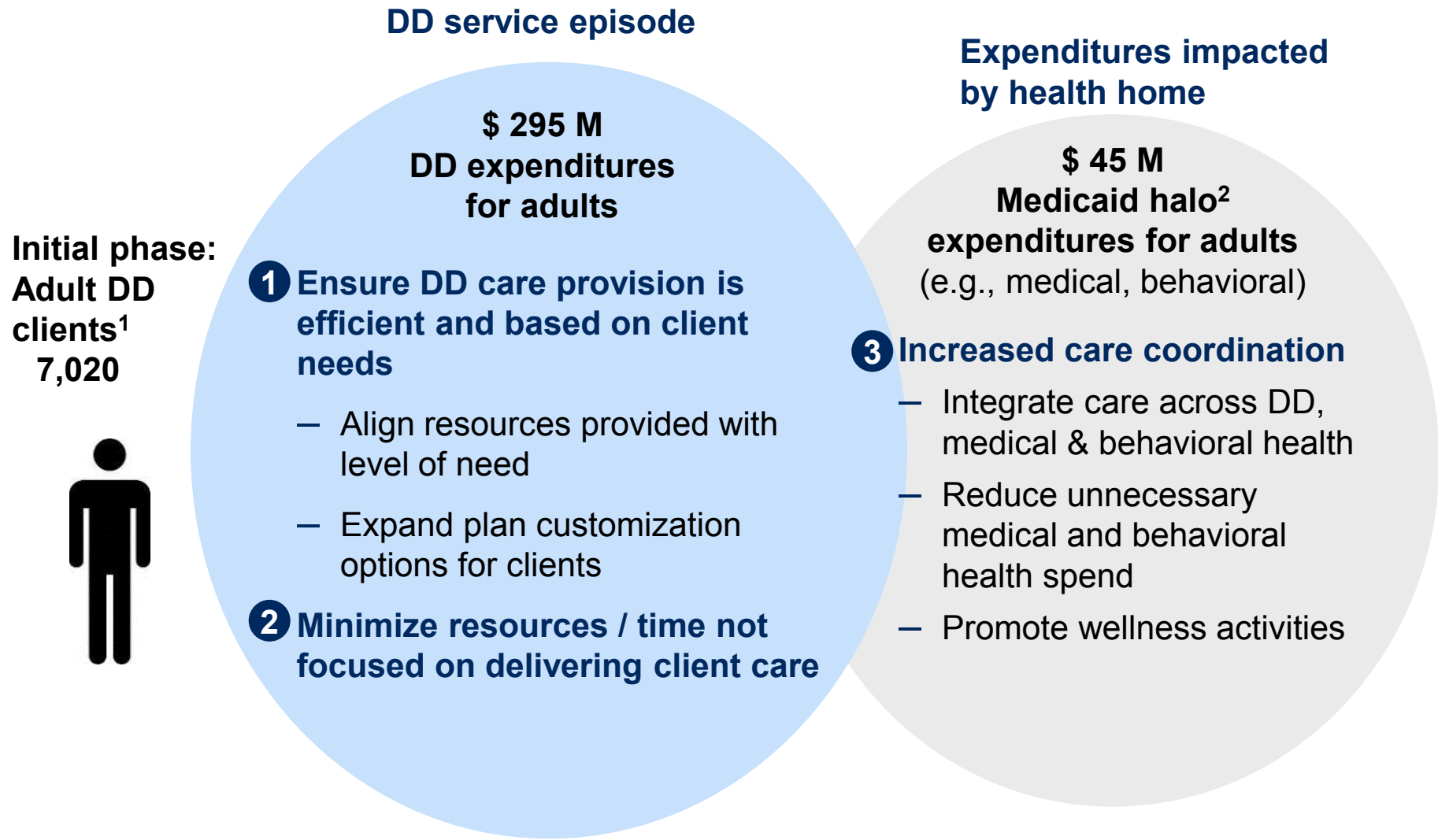
Conclusions

- Arkansas Version 1.0
- Looking for input on items that should be (re)considered
- Will be an evolving system
- Opportunities for feedback:
 - Today
 - Send to DDS: shelley.lee@arkansas.gov

How will the DD episode and health home model benefit clients, families and providers?

- Improves program efficiency and helps create a **sustainable system** to serve clients and families
- Allocates resources using an **independent, needs-based** assessment
- Includes **new service options to better match needs** of clients and families
- Increases **flexibility in service delivery for clients and providers** to execute an integrated, person-centered plan
- **Reduces administrative burden** so more time can be spent on service delivery

Recap: This initiative aims to address three opportunities

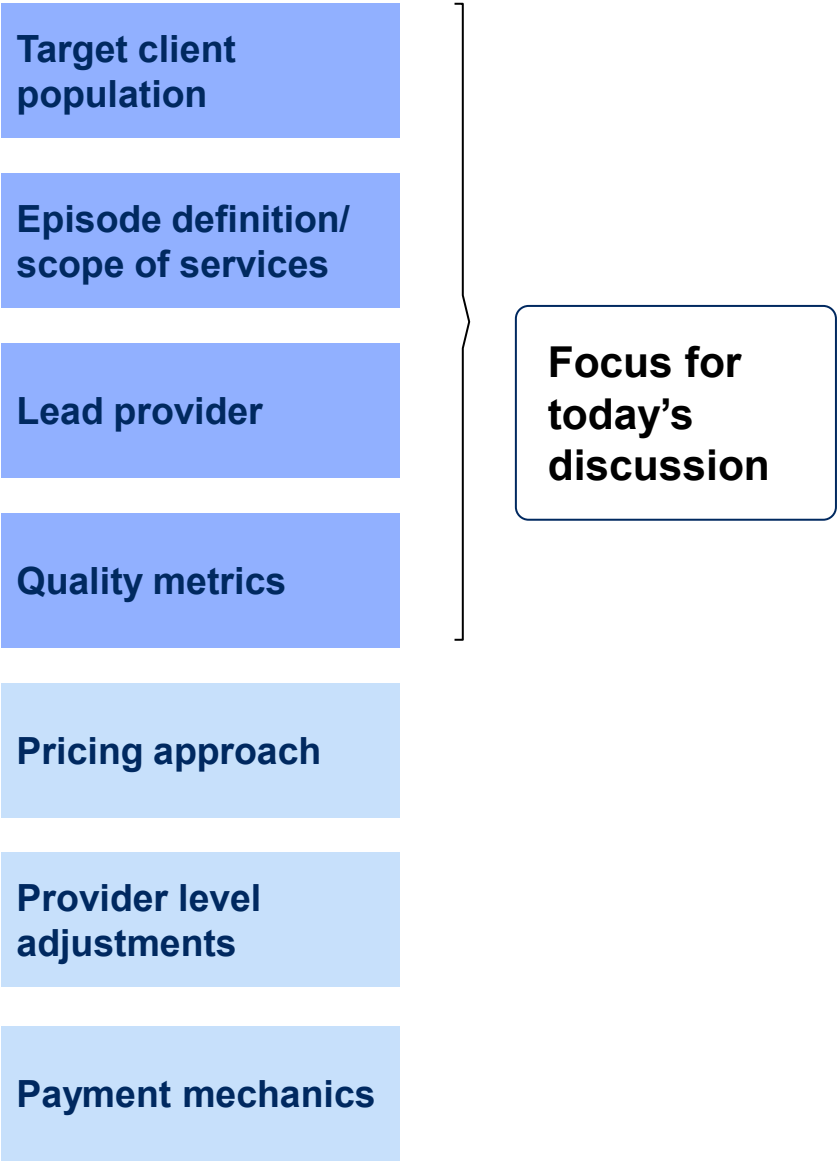


1 Includes DD clients ages 18+ receiving HDC, ICF, Waiver and/or DDTCS services. Excludes 180 clients ages 18-20 receiving outpatient therapy only and excludes 13 clients receiving DDTCS transportation but not receiving DDTCS services

2 Includes medical and behavioral spend, personal care, in-patient, out-patient, pharmacy, dental, hospice and non-emergency transportation. Does not include third party liability or state hospital expenditures

SOURCE: Medicaid claims data for claims incurred in SFY 2010

Detailed design elements for DD service episode



Clients included in the initial phase for episode and health home

PRELIMINARY

	Clients included in episode	InterRAI assessment performed (Version 1.0)	Enrolled in DD health home ⁴
A Comprehensive DD service episode	<ul style="list-style-type: none">▪ Clients ages 18+ who are not in school¹ and receive care through:<ul style="list-style-type: none">– HDC²– 15 and fewer bed ICF²– ACS Waiver	✓	✓
B Self-directed or individual support option	<ul style="list-style-type: none">▪ Available to clients ages 18+ who are not in school¹ and hold an ACS Waiver slot	✓	To be defined
C Expanded DD service episode*	<ul style="list-style-type: none">▪ Clients ages 18+ eligible for DDTCS³ services only		✓

*Expansion of current DDTCS entitlement, based on current eligibility criteria

1 Client defined as out-of-school upon receiving a high school diploma, certificate of completion or turning 22 years-old

2 HDC, ICF 10-bed and DDTCS program eligibility rules require that clients have exited school

3 Clients must be eligible for adult development services from DDTCS

4 May depend on co-indications and development of other health home models, e.g., behavioral health

Emerging perspective: episode definition

PRELIMINARY

Additional details to follow

	Duration	Scope of services	Episode approach
A Comprehensive DD service episode	<ul style="list-style-type: none">12 monthsDefined triggers for reassessment or re-evaluation	<ul style="list-style-type: none">DD service episode including ACS Waiver services, adult day services (DDTCS)	<ul style="list-style-type: none">Level based on assessment
B Self-directed or individual support option		<ul style="list-style-type: none">Self-direction: Same services as comprehensive episode	<ul style="list-style-type: none">Level based on assessment
C Expanded DD service episode*		<ul style="list-style-type: none">Individual support: includes broader, more flexible options (still to be defined)Expanded set of services from current DDTCS offering	<ul style="list-style-type: none">Level based on assessment (but lower episode amount)Single amount for all clients

*Expansion of current DDTCS entitlement, based on current eligibility criteria

Guiding principles for defining episode scope of services

- Service addresses a need **related to developmental disability**
- Service can be **provided by a DD provider** (in-house or via collaboration with other providers)
- Need can be reasonably **determined by InterRAI assessment** (comprehensive, self-directed and individual support only)
- Service inclusion **does not create adverse incentives for utilization**

A

Comprehensive DD service episode: emerging perspective on scope of services

PRELIMINARY

Included in client’s DD service episode		Remains outside episode
<ul style="list-style-type: none">▪ DDTCS adult development▪ DDTCS evaluation▪ Community integration*▪ Non-medical transportation▪ Employment integration & pre-vocational supports*	<p>Included in expanded service episode</p>	<ul style="list-style-type: none">▪ Health home*▪ DDTCS transportation▪ DDTCS therapy▪ Occupational, speech & physical therapy▪ NET transportation▪ Halo expenses (e.g., medical, dental)▪ Private duty nursing (incl. EPSDT)
<ul style="list-style-type: none">▪ <i>Behavioral health services</i>▪ <i>Personal care¹</i>▪ <i>Nursing*</i>	<p>Inclusion of service under consideration²</p>	
<ul style="list-style-type: none">▪ Supportive living (e.g. community experience, non-medical transportation)▪ Respite services▪ Supported employment▪ Adaptive equipment▪ Environmental modifications▪ Specialized medical supplies▪ Supplemental support service▪ Waiver consultation services▪ Crisis intervention services▪ Community transition services		

* May require change in current service definition or creation of new service offering
1 May require additional outlier analysis, specifically for expanded services bundle
2 Based on service definition, billing parameters and alignment with overall program goals

Expanded DD service episode: emerging perspective on scope of services

PRELIMINARY

Included in client’s DD service episode

- DDTCS adult development
 - DDTCS evaluation
 - Community integration*
 - Non-medical transportation
 - Employment integration & pre-vocational supports*
 - Behavioral health services
 - Personal care¹
 - Nursing*
- Inclusion of service under consideration²

Providers may choose to offer other home & community-based services through the episode, dependent on client choice and DDS approval (e.g., supportive living, adaptive equipment)

Remains outside episode

- Health home*
- DDTCS transportation
- DDTCS therapy
- Occupational, speech & physical therapy
- NET transportation
- Halo expenses (e.g., medical, dental)
- Private duty nursing (incl. EPSDT)

* May require change in current service definition or creation of new service offering

¹ May require additional outlier analysis, specifically for expanded services bundle

² Based on service definition, billing parameters and alignment with overall program goals

Emerging perspective: lead provider

- Today **90% of adult DD clients elect to receive all DD services from one provider**
- Of the 10% of clients that receive services from multiple providers, some:
 - Have separate Waiver & DDTCS providers
 - Have separate case managers
 - Receive services from additional Organized Health Care Delivery (OHCD) providers
- Episode model should **preserve client choice, promote client access and create a single point of accountability**
- To meet these goals, **clients may choose to have all DD services coordinated through a single lead provider** in a comprehensive or expanded service episode, **elect to self-direct across multiple providers**, or **select individual support option**

Emerging perspective: lead provider responsibilities

PRELIMINARY

Lead provider responsibilities

Episode accountability

- Receive episode payment
 - For the comprehensive episode payment it may be possible for expanded episode services to be billed directly by non-lead provider if chosen by client at start of episode
- Report and achieve quality outcomes

Episode service provision

- Ensure access to all services identified through person-centered plan

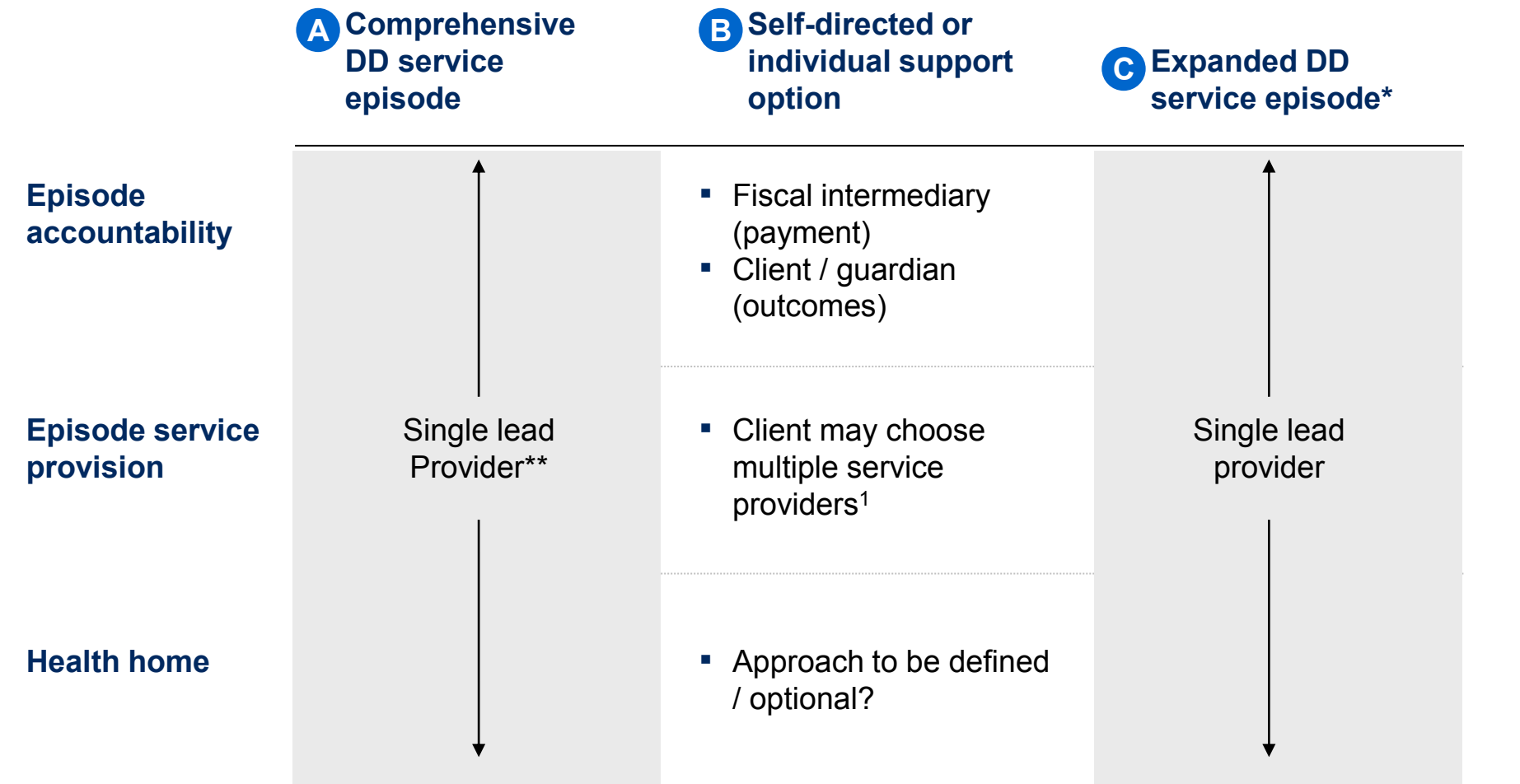
Health home¹

- Comprehensive care management
- Care coordination
- Health promotion
- Comprehensive transitional care
- Services to provide support to individuals and families
- Referral to community and social supports

¹ Consistent with CMS guidance

Emerging perspective: lead provider responsibilities (continued)

PRELIMINARY



*Expansion of current DDTCS entitlement, based on current eligibility criteria.

** For the comprehensive episode payment it may be possible for expanded episode services to be billed directly by non-lead provider if chosen by client at start of episode

1 No regulatory risk across providers. Specific provider requirements to be defined

Guiding principles for selecting and tracking quality measures

PRELIMINARY

- Create concrete quality measures focused on
 - Person-centered outcomes based on client's needs and preferences
 - High-impact and appropriate measures across episode management and care coordination
- Obtain data from a wide variety of sources to ensure consistency and breadth of review:
 - Medicaid claims data
 - Provider reporting
 - Client / family interviews and surveys
 - DDS quality reviews
 - InterRAI DD tool

Timetable going forward - what to expect

Key milestones	Description	Activities to begin
<ul style="list-style-type: none"> Assessment development, announcement and education 	<ul style="list-style-type: none"> Feedback gathered from stakeholders to inform Arkansas-specific design of InterRAI DD tool Educational workgroups and townhalls to answer questions Assessment process and additional detail design documents shared for episode and health home 	Ongoing
<ul style="list-style-type: none"> Assessment launch 	<ul style="list-style-type: none"> Training provided to independent assessors Initial assessments begin for adults in ICF/HDCs and for adults on the ACS waiver (who are not enrolled in school) 	Q4 2012
<ul style="list-style-type: none"> Reporting period / data collection for both episode and health home 	<ul style="list-style-type: none"> Data collection and refinement Reports available to providers in order to establish baseline historical performance 	Q4 2012
<ul style="list-style-type: none"> Feedback period 	<ul style="list-style-type: none"> Formal / informal opportunities for feedback on experience to date Refinements to version 1.0 design 	Q1 2013
<ul style="list-style-type: none"> Performance period begins 	<ul style="list-style-type: none"> Episodic payment begins (design / timing may vary by level of DD services) Performance-related health home incentives introduced 	Subsequently